FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

(5)

BIRTH	CONTROL CENTER, INC.						
Principal Place	e of Business	Mailing Addre	ess			r 130/14 (0000 (164) 1000) o 1/11 (01/1)	
1030 HERMAN AVENUE 1030 HERMAN AVENUE ORLANDO FL 32803-1425 ORLANDO FL 32803-4425							
			<u>-</u>			3. Date incorporated or Qualified 12/21/1976	3s. Date of Last Report 02/14/1996
21	lace of Business	2a. Mailing Ac				4. FEI Number 59-1710117	Applied For Not Applicable
Suite, Apt.		Suite, Apt.		······································		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stat	e			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29		Country 30	<i>'</i>		Yes No
	9. Name and Address of Curre	nt Registered Agen	t		·	10. Name and Address of New Re	egistered Agent
				81	Name		
SOBIESKI-JOY, TAMMY 1030 HERMAN AVE				62	Street Add	dress (P.O. Box Number is Not Acceptal	ble)
	O FL 32803			83			
				84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
12.	Signature, lyped or printed name of registered ag	ent and title if applicable. ID DIRECTORS	(NOTE:	Registered Ag	ent signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	VPD OFFICERS AN		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	BRYAN, E. JOY	ب ــا	PLLLIL	1.2 NAME			
STREET ADDRESS	1030 HERMAN AVE				T ADDRESS		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-5			{
TITLE	The state of the s		2.1 TITLE	51-44		Change Addition	
NAME	SOBIESKI-JOY, TAMMY			2.2 NAME			
STREET ADDRESS	1030 HERMAN AVE			2.3 STREE	223900AT		
CITY-ST-ZIP	ORLANDO FL			2.4 CHTY-			
TITLE	DT		DELETE	31 TITLE	<u> </u>		Change Addition
NAME	SOBIESKI, EVERETT			3.2 NAME			
STREET ADDRESS	1030 HERMAN AVE			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL			3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME.	15			4. 2 NAME			
STREET ADDRESS				4.3 STREE	T ADDRESS		Ì
CITY-ST-21P				4.4 CITY-	ST-ZIP		•
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	T ADDRESS		
CITY - ST - ZIP				5.4 CITY-1	ST-ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			ſ
STREET ADDRESS	ti.			6.3 STREE	T ADDRESS		

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or get an attachment with an address.

SIGNATURE:

REQUIRED D OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016323

FILED

May 01 1997 8:00am

Secretary of State